

Fill in this information to identify the case:

Debtor name Hoag Urgent Care - Orange, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13079

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule 20 Largest Unsecured Creditors & Mailing**
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 25, 2017

X /s/ Dr. Robert C. Amster

Signature of individual signing on behalf of debtor

Dr. Robert C. Amster

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

|   |                                 |
|---|---------------------------------|
| Debtor name                             | Hoag Urgent Care - Orange, Inc. |
| United States Bankruptcy Court for the: | CENTRAL DISTRICT OF CALIFORNIA  |
| Case number (if known):                 | 8:17-bk-13079                   |

Check if this is an  
amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders - FIRST AMENDED

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code   | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim                   |   |                 |
|---|--|---|--|-----------------------------------|---|-----------------|
|   |  |   |  | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| ADT Security Services<br>4161 E. La Palma Ave.<br>Anaheim, CA 92807   |  | Business Debt   |  |                                   |   | \$1,069.12      |
| California Dept. of Public Health Radiologic Health Branch MS<br>7610 P.O. Box 997414<br>Sacramento, CA 95899 |  | Business Debt   |  |                                   |   | \$504.00        |
| City of Orange Accounts Receivable<br>300 E. Chapman Ave.<br>Orange, CA 92856                                 |  | Business Debt   |  |                                   |   | \$1,400.00      |
| CLIA Laboratory Program<br>P.O. Box 530882<br>Atlanta, GA 30353   |  | Business Debt   |  |                                   |   | \$150.00        |
| Clockwise MD Lightshed Healthcare Technologies<br>554 North Avenue NW Suite E<br>Atlanta, GA 30318            |  | Business Debt   |  |                                   |   | \$700.00        |
| County of Orange Attn: Treasurer-Tax Collector<br>P.O. Box 1438<br>Santa Ana, CA 92702                        |  | Business Debt   |  |                                   |   | \$2,094.58      |

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| Name of creditor and complete mailing address, including zip code                 | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services,                                   | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| DHS Security<br>P.O. Box 4335<br>Costa Mesa, CA 92626                             |  | Business Debt   |  |  |   | \$174.00        |
| Hall & Company<br>111 Pacifica, Ste 300<br>Irvine, CA 92618                       |  | Business Debt   |  |  |   | \$2,875.00      |
| Newport Healthcare Center, LLC<br>1 Hoag Drive<br>Newport Beach, CA 92663         |  | Business Debt<br>Listed for notice purposes only because no direct privity relationship exists with the Debtor. | Contingent<br>Unliquidated<br>Disputed                     |  |   | \$4,276.00      |
| Opus Bank<br>19900 MacArthur Boulevard<br>12th Floor<br>Irvine, CA 92612          |  | All inventory, equipment, accounts, chattel paper, instruments - UCC-1 (Doc. No. 13-7380126112)                 |  | \$2,231,370.30   | Unknown                                     | Unknown         |
| Orange County Recorder<br>2677 N. Main St.<br>Suite 1050<br>Santa Ana, CA 92705   |  | Tax Lien  |  | \$2,067.00   | Unknown                                     | Unknown         |
| PSS World Medical, Inc.<br>P.O. Box 749499<br>Los Angeles, CA 90074-9499          |  | Business Debt   |  |  |   | \$1,728.86      |
| Quality Electrical Services<br>2940 Grace Lane,<br>Unit C<br>Costa Mesa, CA 92626 |  | Business Debt   |  |  |   | \$105.00        |
| Radiation Detection Company, Inc.<br>3527 Snead Drive<br>Georgetown, TX 78626     |  | Business Debt   |  |  |   | \$30.00         |
| Singer Lewak<br>10960 Wilshire Blvd.<br>7th Floor<br>Los Angeles, CA 90024        |  | Business Debt   |  |  |   | \$438.50        |
| Southern California Edison<br>PO Box 300<br>Rosemead, CA 91772                    |  | Utilities   |  |  |   | \$117.66        |

Debtor Hoag Urgent Care - Orange, Inc.  
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| Name of creditor and complete mailing address, including zip code            | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim                   |   |                   |
|--|--|---|--|-----------------------------------|---|-------------------|
|  |  |   |  | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim   |
| Spectrum Enterprise<br>2931 Redondo Avenue<br>Long Beach, CA 90806           |  | <b>Business Debt</b>  |  |                                   |   | <b>\$100.00</b>   |
| Spectrum Fire Protection<br>1330 E. Orangethorpe Ave.<br>Fullerton, CA 92831 |  | <b>Business Debt</b>  |  |                                   |   | <b>\$47.50</b>    |
| The New AnswerNet<br>4778 Dewey Drive<br>Fair Oaks, CA 95628-4401            |  | <b>Business Debt</b>  |  |                                   |   | <b>\$93.00</b>    |
| Xerox Corporation<br>P.O. Box 650361<br>Dallas, TX 75265-0361                |  | <b>Business Debt</b>  |  |                                   |   | <b>\$1,921.34</b> |

**STATEMENT OF RELATED CASES**  
**INFORMATION REQUIRED BY LBR 1015-2**  
**UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

**In re Cypress Urgent Care, Inc., Case No. 8:17-bk-13089-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).**

**In re Hoag Urgent Care - Anaheim Hills, Inc., Case No. 8:17-bk-13080-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).**

**In re Hoag Urgent Care - Huntington Harbour, Inc., Case No. 8:17-bk-13078-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).**

**In re Hoag Urgent Care - Tustin, Inc., Case No. 8:17-bk-13077-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).**

**In re Laguna Dana Urgent Care Inc., Case No. 8:17-bk-13090-TA, Central District of California - Santa Ana Division, Date Filed: August 2, 2017, currently pending (Affiliated Entity).**

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

**None**

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

**None**

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

**None**

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Tustin, California, California.

/s/ Dr. Robert C. Amster

**Dr. Robert C. Amster**

Signature of Debtor

Date: August 25, 2017

\_\_\_\_\_  
Signature of Joint Debtor

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United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13079

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## Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 18,170.27

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 18,170.27

### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 2,233,437.30

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 17,824.56

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 2,251,261.86

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## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

|                                     |                         |             |               |
|-------------------------------------|-------------------------|-------------|---------------|
| 3.1. <u>Pacific Enterprise Bank</u> | <u>Checking Account</u> | <u>1615</u> | <u>\$0.00</u> |
|-------------------------------------|-------------------------|-------------|---------------|

|                       |                         |             |                 |
|-----------------------|-------------------------|-------------|-----------------|
| 3.2. <u>Opus Bank</u> | <u>Checking Account</u> | <u>8061</u> | <u>\$241.90</u> |
|-----------------------|-------------------------|-------------|-----------------|

|                                     |                         |             |                |
|-------------------------------------|-------------------------|-------------|----------------|
| 3.3. <u>Pacific Enterprise Bank</u> | <u>Checking Account</u> | <u>0112</u> | <u>\$87.37</u> |
|-------------------------------------|-------------------------|-------------|----------------|

4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$329.27

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

Debtor Hoag Urgent Care - Orange, Inc.  
Name

Case number (If known) 8:17-bk-13079

- No. Go to Part 4.  
 Yes Fill in the information below.

11. **Accounts receivable**

|                        |               |   |                                    |       |                 |
|------------------------|---------------|---|------------------------------------|-------|-----------------|
| 11b. Over 90 days old: | <u>536.00</u> | - | <u>0.00</u>                        | =.... | <u>\$536.00</u> |
|                        | face amount   |   | doubtful or uncollectible accounts |       |                 |

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$536.00

**Part 4: Investments**

13. Does the debtor own any investments?

- No. Go to Part 5.  
 Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.  
 Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.  
 Yes Fill in the information below.

| General description | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|--|---|------------------------------------|
|---------------------|--|---|------------------------------------|

39. **Office furniture**

|   |               |                        |                   |
|---|---------------|------------------------|-------------------|
| <u>Miscellaneous Desks, File Cabinets, Office Furnishings, Chair(s), Table(s), etc.</u> | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$1,250.00</u> |
|---|---------------|------------------------|-------------------|

40. **Office fixtures**

|  |               |                        |                 |
|--|---------------|------------------------|-----------------|
| <u>Office equipment, including all computer equipment and communication systems equipment and software</u> | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$500.00</u> |
| <u>Other Miscellaneous Medical Equipment</u>   | <u></u>       | <u></u>                | <u></u>         |

|  |               |                        |                   |
|--|---------------|------------------------|-------------------|
| <u>1 CR System for Printing X-Rays (Fuji, FCR Capsula XL II)</u> | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$5,000.00</u> |
|--|---------------|------------------------|-------------------|

|                                    |               |                        |                 |
|------------------------------------|---------------|------------------------|-----------------|
| <u>1 Exam Room Table (Midmark)</u> | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$250.00</u> |
|------------------------------------|---------------|------------------------|-----------------|

Debtor Hoag Urgent Care - Orange, Inc. Name \_\_\_\_\_ Case number (*If known*) 8:17-bk-13079

|  |               |                        |                   |
|--|---------------|------------------------|-------------------|
| <u>2 Exam Room Stretchers (Midmark, 535)</u>   | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$350.00</u>   |
| <u>1 Autoclave (Midmark)</u>   | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$100.00</u>   |
| <u>2 Hanging Examination Lights -Single (Midmark Ritter, 355-028)</u>                  | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$500.00</u>   |
| <u>1 X-Ray Table System</u>  | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$8,000.00</u> |
| <u>1 Baby Scale (Tanita, Baby Scale)</u>   | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$50.00</u>    |
| <u>1 Eye Examination Station with Power Table (Top Con SL -1E; PS11A Power Supply)</u> | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$850.00</u>   |
| <u>3 Stationary Exam Room Tables (Brewer)</u>  | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$250.00</u>   |
| <u>1 Digital Scale (Health-o-Meter, Digital Scale)</u>                                 | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$25.00</u>    |
| <u>6 Medical Stools</u>  | <u>\$0.00</u> | <u>Comparable sale</u> | <u>\$180.00</u>   |

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles
43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86. \$17,305.00
44. Is a depreciation schedule available for any of the property listed in Part 7?  
 No  
 Yes
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?  
 No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.  
 Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

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Name

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- No. Go to Part 11.  
 Yes Fill in the information below.

| General description   | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets                            |  |   |                                    |
| 61. Internet domain names and websites  |  |   |                                    |
| 62. Licenses, franchises, and royalties   |  |   |                                    |
| 63. Customer lists, mailing lists, or other compilations<br><u>Customers List</u> |  | <u>Unknown</u>                          | <u>Unknown</u>                     |

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes Fill in the information below.

|  | Current value of debtor's interest |
|--|------------------------------------|
| 71. Notes receivable<br>Description (include name of obligor)  |                                    |
| 72. Tax refunds and unused net operating losses (NOLs)<br>Description (for example, federal, state, local)   |                                    |
| 73. Interests in insurance policies or annuities   |                                    |
| 74. Causes of action against third parties (whether or not a lawsuit has been filed)   |                                    |
| 75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims |                                    |
| 76. Trusts, equitable or future interests in property  |                                    |

Debtor Hoag Urgent Care - Orange, Inc. \_\_\_\_\_ Case number (*If known*) 8:17-bk-13079  
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77. Other property of any kind not already listed *Examples:* Season tickets,  
country club membership  
**The Debtor is in the process of engaging a forensic tax  
accountant to analyze the prior tax returns and  
financials for each of the Debtors from inception to  
present. In the event that this analysis demonstrates  
that there are additional funds transferred between any  
of the Debtors and/or affiliated entities, the respective  
Schedules B and F will be amended, as necessary and  
appropriate.** \_\_\_\_\_ Unknown \_\_\_\_\_

78. Total of Part 11. \_\_\_\_\_ \$0.00  
Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?  
 No  
 Yes

Debtor Hoag Urgent Care - Orange, Inc.  
Name \_\_\_\_\_

Case number (*If known*) 8:17-bk-13079

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property   | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets.<br><i>Copy line 5, Part 1</i>                  | <u>\$329.27</u>                    |                                |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>  | <u>\$0.00</u>                      |                                |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i>  | <u>\$536.00</u>                    |                                |
| 83. Investments. <i>Copy line 17, Part 4.</i>  | <u>\$0.00</u>                      |                                |
| 84. Inventory. <i>Copy line 23, Part 5.</i>  | <u>\$0.00</u>                      |                                |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>                             | <u>\$0.00</u>                      |                                |
| 86. Office furniture, fixtures, and equipment; and collectibles.<br><i>Copy line 43, Part 7.</i> | <u>\$17,305.00</u>                 |                                |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>                             | <u>\$0.00</u>                      |                                |
| 88. Real property. <i>Copy line 56, Part 9.....&gt;</i>  |                                    | <u>\$0.00</u>                  |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>                         | <u>\$0.00</u>                      |                                |
| 90. All other assets. <i>Copy line 78, Part 11.</i>  | <u>\$0.00</u>                      |                                |
| 91. Total. Add lines 80 through 90 for each column   | <u>\$18,170.27</u>                 | + 91b. <u>\$0.00</u>           |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92                                  |                                    | <u>\$18,170.27</u>             |

Fill in this information to identify the case:

Debtor name **Hoag Urgent Care - Orange, Inc.**United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**Case number (if known) **8:17-bk-13079** Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

|     |   | <i>Column A</i>  | <i>Column B</i>   |
|-----|---|--|---|
|     |   | Amount of claim  | Value of collateral that supports this claim                                      |
| 2.1 | <b>Opus Bank</b><br>Creditor's Name<br><b>19900 MacArthur Boulevard 12th Floor Irvine, CA 92612</b><br>Creditor's mailing address   | Describe debtor's property that is subject to a lien<br><b>All inventory, equipment, accounts, chattel paper, instruments - UCC-1 (Doc. No. 13-7380126112)</b>                             | Do not deduct the value of collateral.<br><b>\$2,231,370.30</b><br><b>Unknown</b> |
|     | Creditor's email address, if known  | Describe the lien<br><b>Non-Purchase Money Security</b>  |   |
|     | Date debt was incurred<br><b>September 2013</b>   | Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |
|     | Last 4 digits of account number<br><b>0181</b>  | Is anyone else liable on this claim?<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)                        |   |
|     | Do multiple creditors have an interest in the same property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |   |
| 2.2 | <b>Orange County Recorder</b><br>Creditor's Name<br><b>2677 N. Main St. Suite 1050 Santa Ana, CA 92705</b><br>Creditor's mailing address  | Describe debtor's property that is subject to a lien<br><b>Tax Lien</b>  | <b>\$2,067.00</b><br><b>Unknown</b>   |
|     | Creditor's email address, if known  | Describe the lien<br><b>Statutory Lien</b>   |   |
|     | Date debt was incurred<br><b>November 2016</b>  | Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |   |
|     | Last 4 digits of account number<br><b>1026</b>  | Is anyone else liable on this claim?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)                        |   |
|     | Do multiple creditors have an interest in the same property?  | As of the petition filing date, the claim is:<br>Check all that apply  |   |

Debtor **Hoag Urgent Care - Orange, Inc.**

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No

Contingent

Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$2,233,437.3**

**0**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Buchalter, a Prof. Corporation**  
Attention: Barry A. Smith  
1000 Wilshire Blvd., Suite 1500  
Los Angeles, CA 90017-2457

Line 2.1

**David Stapleton**  
515 So. Flower St., 36th Floor,  
Los Angeles, CA 90071

Line 2.1

**Newport Healthcare Center LLC**  
Attention: Sandy Smith  
One Hoag Drive  
P.O. Box 6100  
Newport Beach, CA 92658-6100

Line 2.1

**Nicastro & Associates, P.C.**  
2 Park Plaza, Suite 650  
Irvine, CA 92614

Line 2.1

**Opus Bank**  
Attention: Barry Smith  
1000 Wilshire Boulevard, Suite 1500  
12th Floor  
Los Angeles, CA 90017-2457

Line 2.1

**Pacific Enterprise Bank**  
17748 Skypark Circle, #100  
Irvine, CA 92614

Line 2.1

**3600**

**St. Joseph Health System**  
Attention: Tara Cowell, Esq.  
3345 Michelson Drive, Suite 100  
Irvine, CA 92612

Line 2.1

**Tim Reimers, Esq.**  
2049 Century Park East, Suite 2900  
Los Angeles, CA 90067

Line 2.1

Fill in this information to identify the case:

Debtor name Hoag Urgent Care - Orange, Inc.United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIACase number (if known) 8:17-bk-13079 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|   | Total claim  | Priority amount |
|---|--|-----------------|
| 2.1 Priority creditor's name and mailing address<br><b>N/A</b>                | \$0.00   | \$0.00          |
| As of the petition filing date, the claim is:<br><i>Check all that apply.</i> |  |                 |
| <input type="checkbox"/> Contingent   |  |                 |
| <input type="checkbox"/> Unliquidated   |  |                 |
| <input type="checkbox"/> Disputed   |  |                 |
| Date or dates debt was incurred   | Basis for the claim:   |                 |
| Last 4 digits of account number   | Is the claim subject to offset?  |                 |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                 |

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|   | Amount of claim   |
|---|---|
| 3.1 Nonpriority creditor's name and mailing address<br><b>ADT Security Services<br/>4161 E. La Palma Ave.<br/>Anaheim, CA 92807</b>   | <b>\$1,069.12</b>   |
| Date(s) debt was incurred <u>2016-2017</u>  | <b>Basis for the claim: Business Debt</b>   |
| Last 4 digits of account number _   | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.2 Nonpriority creditor's name and mailing address<br><b>California Dept. of Public Health<br/>Radiologic Health Branch MS<br/>7610 P.O. Box 997414<br/>Sacramento, CA 95899</b> | <b>\$504.00</b>   |
| Date(s) debt was incurred <u>2016-2017</u>  | <b>Basis for the claim: Business Debt</b>   |
| Last 4 digits of account number _   | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor

**Hoag Urgent Care - Orange, Inc.**

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|     |   |   |                   |
|-----|---|---|-------------------|
| 3.3 | Nonpriority creditor's name and mailing address<br><b>City of Orange</b><br><b>Accounts Receivable</b><br><b>300 E. Chapman Ave.</b><br><b>Orange, CA 92856</b><br>Date(s) debt was incurred <u>2016-2017</u><br>Last 4 digits of account number _____                      | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$1,400.00</b> |
| 3.4 | Nonpriority creditor's name and mailing address<br><b>CLIA Laboratory Program</b><br><b>P.O. Box 530882</b><br><b>Atlanta, GA 30353</b><br>Date(s) debt was incurred <u>2016-2017</u><br>Last 4 digits of account number _____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$150.00</b>   |
| 3.5 | Nonpriority creditor's name and mailing address<br><b>Clockwise MD</b><br><b>Lightshed Healthcare Technologies</b><br><b>554 North Avenue NW Suite E</b><br><b>Atlanta, GA 30318</b><br>Date(s) debt was incurred <u>2016-2017</u><br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$700.00</b>   |
| 3.6 | Nonpriority creditor's name and mailing address<br><b>County of Orange</b><br><b>Attn: Treasurer-Tax Collector</b><br><b>P.O. Box 1438</b><br><b>Santa Ana, CA 92702</b><br>Date(s) debt was incurred <u>2016-2017</u><br>Last 4 digits of account number _____             | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$2,094.58</b> |
| 3.7 | Nonpriority creditor's name and mailing address<br><b>DHS Security</b><br><b>P.O. Box 4335</b><br><b>Costa Mesa, CA 92626</b><br>Date(s) debt was incurred <u>2016-2017</u><br>Last 4 digits of account number _____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$174.00</b>   |
| 3.8 | Nonpriority creditor's name and mailing address<br><b>Hall &amp; Company</b><br><b>111 Pacifica, Ste 300</b><br><b>Irvine, CA 92618</b><br>Date(s) debt was incurred <u>2016-2017</u><br>Last 4 digits of account number _____  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   | <b>\$2,875.00</b> |
| 3.9 | Nonpriority creditor's name and mailing address<br><b>Newport Healthcare Center, LLC</b><br><b>1 Hoag Drive</b><br><b>Newport Beach, CA 92663</b><br>Date(s) debt was incurred <u>2016 - 2017</u><br>Last 4 digits of account number _____                                  | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><b>Basis for the claim: Business Debt</b><br><u>Listed for notice purposes only because no direct privity relationship exists with the Debtor.</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,276.00</b> |

Debtor

Hoag Urgent Care - Orange, Inc.

Case number (if known)

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Name

|      |  |   |                   |
|------|--|---|-------------------|
| 3.10 | Nonpriority creditor's name and mailing address<br><b>Perez Building Services</b>  | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$0.00</b>     |
|      | Date(s) debt was incurred <u>2016 - 2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Business Debt</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |
| 3.11 | Nonpriority creditor's name and mailing address<br><b>PSS World Medical, Inc.</b><br>P.O. Box 749499<br>Los Angeles, CA 90074-9499       | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$1,728.86</b> |
|      | Date(s) debt was incurred <u>2016-2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Business Debt</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |
| 3.12 | Nonpriority creditor's name and mailing address<br><b>Quality Electrical Services</b><br>2940 Grace Lane, Unit C<br>Costa Mesa, CA 92626 | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$105.00</b>   |
|      | Date(s) debt was incurred <u>2016-2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Business Debt</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |
| 3.13 | Nonpriority creditor's name and mailing address<br><b>Radiation Detection Company, Inc.</b><br>3527 Snead Drive<br>Georgetown, TX 78626  | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$30.00</b>    |
|      | Date(s) debt was incurred <u>2016-2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Business Debt</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |
| 3.14 | Nonpriority creditor's name and mailing address<br><b>Singer Lewak</b><br>10960 Wilshire Blvd. 7th Floor<br>Los Angeles, CA 90024        | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$438.50</b>   |
|      | Date(s) debt was incurred <u>2016-2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Business Debt</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |
| 3.15 | Nonpriority creditor's name and mailing address<br><b>Southern California Edison</b><br>PO Box 300<br>Rosemead, CA 91772                 | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$117.66</b>   |
|      | Date(s) debt was incurred <u>2016-2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Utilities</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |
| 3.16 | Nonpriority creditor's name and mailing address<br><b>Spectrum Enterprise</b><br>2931 Redondo Avenue<br>Long Beach, CA 90806             | As of the petition filing date, the claim is: <i>Check all that apply.</i>                          | <b>\$100.00</b>   |
|      | Date(s) debt was incurred <u>2016-2017</u>   | <input type="checkbox"/> Contingent   |                   |
|      | Last 4 digits of account number _  | <input type="checkbox"/> Unliquidated   |                   |
|      |  | <input type="checkbox"/> Disputed   |                   |
|      |  | <b>Basis for the claim: <u>Business Debt</u></b>  |                   |
|      |  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                   |

Debtor

**Hoag Urgent Care - Orange, Inc.**

Case number (if known)

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Name

|      |  |  |                   |
|------|--|--|-------------------|
| 3.17 | Nonpriority creditor's name and mailing address<br><b>Spectrum Fire Protection</b><br>1330 E. Orangethorpe Ave.<br>Fullerton, CA 92831 | As of the petition filing date, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$47.50</b>    |
|      | Date(s) debt was incurred <u>2016-2017</u>   | Basis for the claim: <b>Business Debt</b>  |                   |
|      | Last 4 digits of account number _  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |                   |
| 3.18 | Nonpriority creditor's name and mailing address<br><b>The New Answernet</b><br>4778 Dewey Drive<br>Fair Oaks, CA 95628-4401            | As of the petition filing date, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$93.00</b>    |
|      | Date(s) debt was incurred <u>2016-2017</u>   | Basis for the claim: <b>Business Debt</b>  |                   |
|      | Last 4 digits of account number _  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |                   |
| 3.19 | Nonpriority creditor's name and mailing address<br><b>Time Warner Cable</b><br>6021 Katella Avenue #100<br>Cypress, CA 90630           | As of the petition filing date, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$0.00</b>     |
|      | Date(s) debt was incurred <u>2016 - 2017</u>   | Basis for the claim: <b>Utilities</b>  |                   |
|      | Last 4 digits of account number _  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |                   |
| 3.20 | Nonpriority creditor's name and mailing address<br><b>Xerox Corporation</b><br>P.O. Box 650361<br>Dallas, TX 75265-0361                | As of the petition filing date, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,921.34</b> |
|      | Date(s) debt was incurred <u>2016-2017</u>   | Basis for the claim: <b>Business Debt</b>  |                   |
|      | Last 4 digits of account number _  | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |                   |

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

Total of claim amounts  
5a. \$ **0.00**

5b. Total claims from Part 2

5b. + \$ **17,824.56**

5c. Total of Parts 1 and 2

5c. \$ **17,824.56**  
Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Hoag Urgent Care - Orange, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13079

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Hoag Urgent Care - Orange, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13079

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

| Name | Mailing Address | Name | Check all schedules that apply: |
|------|-----------------|------|---------------------------------|
|------|-----------------|------|---------------------------------|

|     |                      |                                    |           |  |
|-----|----------------------|------------------------------------|-----------|--|
| 2.1 | Dr. Robert C. Amster | 32 Drakes Bay Drive Corona De. Mar | Opus Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|----------------------|------------------------------------|-----------|--|

|     |                                  |  |           |  |
|-----|----------------------------------|--|-----------|--|
| 2.2 | Hoag Urgent Care - Anaheim Hills | 5630 E. Santa Ana Canyon Rd. Anaheim, CA 92807 | Opus Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|----------------------------------|--|-----------|--|

|     |                                 |   |           |  |
|-----|---------------------------------|---|-----------|--|
| 2.3 | Hoag Urgent Care – Tustin, Inc. | 2560 Bryan Ave., Suite A Tustin, CA 92780 | Opus Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|---------------------------------|---|-----------|--|

|     |                                    |  |           |  |
|-----|------------------------------------|--|-----------|--|
| 2.4 | Hoag Urgent Care-Huntington Harbor | 5355 Warner Ave. #102 Huntington Beach, CA 92649 | Opus Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|------------------------------------|--|-----------|--|

Fill in this information to identify the case:

Debtor name Hoag Urgent Care - Orange, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) 8:17-bk-13079

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 1/01/2017 to Filing Date

Operating a business

\$64.00

Accounts Receivable Collection

For prior year:

From 1/01/2016 to 12/31/2016

Operating a business

\$51,202.00

Other \_\_\_\_\_

For year before that:

From 1/01/2015 to 12/31/2015

Operating a business

\$792,351.00

Other \_\_\_\_\_

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

Debtor

**Hoag Urgent Care - Orange, Inc.**

| Creditor's Name and Address        | Dates | Total amount of value | Reasons for payment or transfer<br>Check all that apply   |
|------------------------------------|-------|-----------------------|---|
| 3.1. See Attachment to SOFA No. 3. |       | \$0.00                | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Services<br><input type="checkbox"/> Other _____ |

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|  |       |                       |                                 |

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|                             |                          |      |                   |

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|                             |   |                       |        |

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

| Case title<br>Case number  | Nature of case | Court or agency's name and address   | Status of case  |
|--|----------------|--|---|
| 7.1. Opus Bank v. Hoag Urgent Care-Tustin, Inc., et. al.<br>30-2017-0091145-CU-BC-CJC  | Civil          | Orange County Superior Court<br>700 W Civic Center Dr.<br>Dept. C16<br>Santa Ana, CA 92701 | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| 7.2. Daniel & Yeager, LLC, et. al. v. Your Neighborhood Urgent Care, LLC<br>(Dismissed without prejudice)<br>47-cv-2016-900597 | Civil          | Alabama - Madison County Circuit Court<br>100 North Side Square<br>Huntsville, AL 35801    | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

Debtor

Hoag Urgent Care - Orange, Inc.

| Case title<br>Case number  | Nature of case | Court or agency's name and address                                    | Status of case  |
|--|----------------|---|---|
| 7.3. Renee Palmer v. Tustin Irvine Medical Group (Dismissed with prejudice)<br>30-2016-00838071-CU-MM-CJC<br>C | Civil          | Orange County Superior Court<br>909 N Main St.<br>Santa Ana, CA 92701 | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

| Custodian's name and Address  | Describe the property<br>Various assets and property of the Debtor. | Value  |
|---|---|--|
| Opus Bank<br>Buchalter (Attention: Barry Smith)<br>1000 Wilshire Boulevard, Suite<br>1500<br>12th Floor<br>Los Angeles, CA 90017-2457 |   | Unknown  |
|   | Case title<br>Opus v. Hoag Urgent Care, Tustin, et. al              | Court name and address<br>Orange County Superior Court     |
|   | Case number<br>30-2017-00911945-CU-BC-CJC                           | 700 W Civic Center Dr.<br>Dept. C16<br>Santa Ana, CA 92701 |
|   | Date of order or assignment<br>May 25, 2017                         |  |

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|                              |   |             |       |

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss  | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
|  | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.<br><br>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). |               |                        |

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Debtor

**Hoag Urgent Care - Orange, Inc.**

| Who was paid or who received the transfer?<br>Address   | If not money, describe any property transferred   | Dates                     | Total amount or value |
|---|---|---------------------------|-----------------------|
| 11.1. <b>BakerHostetler</b><br><b>11601 Wilshire Boulevard,</b><br><b>14th Floor</b><br><b>Los Angeles, CA 90025</b>  |   | <b>August 1,<br/>2017</b> | <b>\$10,000.00</b>    |
| Email or website address<br><br><b>amcdow@bakerlaw.com</b>  |   |                           |                       |
| Who made the payment, if not debtor?<br><br><b>Dr. Robert C. Amster</b>   |   |                           |                       |
| 11.2.<br><br><b>Force Ten Partners, LLC</b><br><b>20341 Birch Street, Suite 220</b><br><b>Newport Beach, CA 92660</b> | \$6,666.67<br>7/28/2017<br>\$1,666.67<br>7/24/2017<br>\$1,666.67<br>7/19/2017<br>\$833.33<br>4/27/2017<br>\$833.33<br>4/7/2017                          |                           | \$11,666.67           |
| Email or website address<br><br><b></b>   |   |                           |                       |
| Who made the payment, if not debtor?<br><br><b>Radiant Physicians Group, Inc.</b>                                     |   |                           |                       |
| 11.3.<br><br><b>Force Ten Partners, LLC</b><br><b>20341 Birch Street, Suite 220</b><br><b>Newport Beach, CA 92660</b> | \$583.33<br>12/30/2016<br>\$583.33<br>12/16/2016<br>\$1,166.67<br>11/10/2016<br>\$500.00<br>9/28/2016<br>\$500.00<br>9/21/2016<br>\$833.33<br>8/30/2016 |                           | \$4,166.67            |
| Email or website address<br><br><b></b>   |   |                           |                       |
| Who made the payment, if not debtor?<br><br><b>Your Neighborhood Urgent Care,<br/>LLC</b>                             |   |                           |                       |
| 11.4. <b>Force Ten Partners, LLC</b><br><b>20341 Birch Street, Suite 220</b><br><b>Newport Beach, CA 92660</b>        |   | <b>10/19/2016</b>         | <b>\$500.00</b>       |
| Email or website address<br><br><b></b>   |   |                           |                       |
| Who made the payment, if not debtor?<br><br><b>Cypress Urgent Care, Inc.</b>  |   |                           |                       |

Debtor

**Hoag Urgent Care - Orange, Inc.**

| Who was paid or who received the transfer?<br>Address   | If not money, describe any property transferred | Dates  | Total amount or value |
|---|---|--|-----------------------|
| 11.5. <b>Winthrop Couchot Golubow Hollander, LLP<br/>660 Newport Center Dr.<br/>Newport Beach, CA 92660</b> |   | \$1,666.67<br>10/3/2016<br>\$1,666.67<br>11/4/2016 | \$3,333.33            |

Email or website address

Who made the payment, if not debtor?  
**Your Neighborhood Urgent Care,  
LLC**

|   |  |             |
|---|--|-------------|
| 11.6.   | \$833.33<br>1/30/2017<br>\$833.33<br>2/17/2017<br>\$833.33<br>3/1/2017<br>\$833.33<br>3/13/2017<br>\$833.33<br>3/24/2017<br>\$833.33<br>4/7/2017<br>\$833.33<br>4/27/2017<br>\$8,333.33<br>5/27/2017 | \$14,166.67 |
| <b>Winthrop Couchot Golubow Hollander, LLP<br/>660 Newport Center Dr.<br/>Newport Beach, CA 92660</b> |  |             |

Email or website address

Who made the payment, if not debtor?  
**Radiant Physicians Group, Inc.**

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
 Do not include transfers already listed on this statement.

None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

| Who received transfer?<br>Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor

Hoag Urgent Care - Orange, Inc. Does not apply

| Address  | Dates of occupancy<br>From-To |
|--|-------------------------------|
| 14.1. 18231 Irvine Blvd., #204<br>Tustin, CA 92780 |                               |
| Previous Mailing Address                           |                               |
|  |                               |

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.  
 Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|                           |  |   |

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- No.  
 Yes. State the nature of the information collected and retained.

**Personal information and medical records.**

Does the debtor have a privacy policy about that information?

- No  
 Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

- No Go to Part 10.  
 Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|  |                                 |                               |  |   |

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor

Hoag Urgent Care - Orange, Inc. None

| Depository institution name and address | Names of anyone with access to it<br>Address | Description of the contents | Do you still have it? |
|---|--|-----------------------------|-----------------------|
|---|--|-----------------------------|-----------------------|

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

| Facility name and address   | Names of anyone with access to it                              | Description of the contents   | Do you still have it?  |
|---|--|---|--|
| Extra Space Storage<br>340 S Flower St.<br>Orange, CA 92868               | Jennifer Amster<br>822 E. Lomita Ave.<br>Orange, CA 92867-6861 | Various Medical Equipment<br>(Some of the Debtor's Medical Equipment are also being used by other Debtor entities being jointly administered with this Bankruptcy Case) | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
| Freedom Imaging Inc.<br>1401 East Ball Rd<br>Ste. E.<br>Anaheim, CA 92805 | Jennifer Amster<br>822 E. Lomita Ave.<br>Orange, CA 92867-6861 | X-Ray Machine   | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No. Yes. Provide details below.

| Case title<br>Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|----------------------------------|--------------------|----------------|
|---------------------------|----------------------------------|--------------------|----------------|

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?** No. Yes. Provide details below.

Debtor

**Hoag Urgent Care - Orange, Inc.**

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

## 24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.  
 Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

**Part 13: Details About the Debtor's Business or Connections to Any Business**

## 25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

| Business name address  | Describe the nature of the business  | Employer Identification number<br>Do not include Social Security number or ITIN.         |
|--|--|--|
| 25.1. <b>Hoag Urgent Care - Orange, Inc.<br/>7630b. E. Chapman Ave.<br/>Orange, CA 92869</b> | <b>Providing urgent care, medical and wellness services to patients of all ages.</b> | <b>Dates business existed</b><br>EIN: 27-3766253<br><b>From-To</b> August 2010 - Present |

## 26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

| Name and address   | Date of service<br>From-To        |
|--|-----------------------------------|
| 26a.1. <b>Joe Gaglio, CPA<br/>16512 Burke Lane<br/>Huntington Beach, CA 92647-4538</b>         | <b>2010 - present</b>             |
| 26a.2. <b>Kristin Walsh Consulting<br/>46 Serenity<br/>Irvine, CA 92618</b>                    | <b>March 2017 - Present</b>       |
| 26a.3. <b>Kevin Hartley<br/>Adaptive CPA<br/>1240 E Ontario Ave #102<br/>Corona, CA 92881</b>  | <b>August 2016 - Present</b>      |
| 26a.4. <b>Hall &amp; Associates<br/>18101 Von Karman Ave<br/>Ste 1290<br/>Irvine, CA 92612</b> | <b>June 2016 - September 2016</b> |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

| Name and address  | Date of service<br>From-To |
|---|----------------------------|
| 26b.1. <b>Brian Weiss<br/>Force Ten Partners, LLC<br/>20341 Birch Street, Suite 220<br/>Newport Beach, CA 92660</b> | <b>2016-2017</b>           |

Debtor

Hoag Urgent Care - Orange, Inc.

| Name and address  | Date of service<br>From-To  |
|---|---|
| 26b.2. <b>David P. Stapleton</b><br><b>Stapleton Group</b><br><b>515 South Flower Street</b><br><b>36th Floor</b><br><b>Los Angeles, CA 90071</b> | <b>May 25 2017 -</b><br><b>Petition date</b><br><b>The State Court</b><br><b>appointed receiver</b> |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

| Name and address  | If any books of account and records are unavailable, explain why |
|---|--|
| 26c.1. <b>Kevin Hartley</b><br><b>Adaptive CPA</b><br><b>1240 E Ontario Ave #102</b><br><b>Corona, CA 92881</b>                                   |  |
| 26c.2. <b>Joe Gaglio, CPA</b><br><b>16512 Burke Lane</b><br><b>Huntington Beach, CA 92647-4538</b>  |  |
| 26c.3. <b>Hall &amp; Associates</b><br><b>18101 Von Karman Ave</b><br><b>Ste 1290</b><br><b>Irvine, CA 92612</b>                                  |  |
| 26c.4. <b>Kristin Walsh Consulting</b><br><b>46 Serenity</b><br><b>Irvine, CA 92618</b>   |  |
| 26c.5. <b>Brian Weiss</b><br><b>Force Ten Partners, LLC</b><br><b>20341 Birch Street, Suite 220</b><br><b>Newport Beach, CA 92660</b>             |  |
| 26c.6. <b>David P. Stapleton</b><br><b>Stapleton Group</b><br><b>515 South Flower Street</b><br><b>36th Floor</b><br><b>Los Angeles, CA 90071</b> |  |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None

| Name and address   |
|--|
| 26d.1. <b>Opus Bank</b><br><b>19900 MacArthur Boulevard</b><br><b>12th Floor</b><br><b>Irvine, CA 92612</b>        |
| 26d.2. <b>Global Capital Markets</b><br><b>19100 Von Karman Ave</b><br><b>Suite 950</b><br><b>Irvine, CA 92612</b> |

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

Debtor

Hoag Urgent Care - Orange, Inc.

|   |   |                   |  |
|---|---|-------------------|--|
| Name of the person who supervised the taking of the inventory   |   | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
| 27.1  | David P. Stapleton (the State Court Appointed Receiver) | June 2017         | Unknown  |
| Name and address of the person who has possession of inventory records<br><br>David P. Stapleton<br>Stapleton Group<br>515 South Flower Street<br>36th Floor<br>Los Angeles, CA 90071 |   |                   |  |

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name                 | Address   | Position and nature of any interest     | % of interest, if any |
|----------------------|---|---|-----------------------|
| Dr. Robert C. Amster | 32 Drakes Bay Drive<br>Corona Del Mar, CA 92625 | President / Director / Sole Shareholder | 100%                  |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No  
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No  
 Yes. Identify below.

| Name and address of recipient       | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------------|--|-------|--------------------------------|
| 30.1 See Attachment to SOFA No. 30. |  |       |                                |
| <b>Relationship to debtor</b>       |  |       |                                |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No  
 Yes. Identify below.

|                                |  |
|--------------------------------|--|
| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No  
 Yes. Identify below.

|                                |  |
|--------------------------------|--|
| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|

Debtor

Hoag Urgent Care - Orange, Inc.**Name of the parent corporation**American Funds**Employer Identification number of the parent corporation**

EIN:

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 25, 2017/s/ Dr. Robert C. Amster

Signature of individual signing on behalf of the debtor

Dr. Robert C. Amster

Printed name

Position or relationship to debtor PresidentAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached? No Yes

**Attachment to SOFA No. 30**

| Name *                             | Address                                | Amount of Payment | Date       | Reason for Payment  |
|------------------------------------|--|-------------------|------------|---|
| Your Neighborhood Urgent Care, LLC | P.O. Box 8979, Newport Beach, CA 92658 | \$ (90.00)        | 8/3/2016   | To fund Debtor's payroll and/or Debtor's various other operating expenses |
| Your Neighborhood Urgent Care, LLC | P.O. Box 8979, Newport Beach, CA 92658 | \$ (150.00)       | 9/1/2016   | To fund Debtor's payroll and/or Debtor's various other operating expenses |
| Radiant Physician Group, Inc.      | P.O. Box 8979, Newport Beach, CA 92658 | \$ (2,665.00)     | 12/21/2016 | To fund Debtor's payroll and/or Debtor's various other operating expenses |

\* In the interest of full disclosure only, the Debtor is identifying the transfers herein. However, the Debtor reserves all right with respect to whether these transfers were made to insiders within the meaning of 11 U.S.C. Sec. 101(31). In addition, the Debtor is in the process of engaging a forensic tax accountant to analyze the prior tax returns and financials for each of the Debtors from inception to present. In the event that this analysis demonstrates that there are additional funds transferred between any of the Debtors and/or affiliated entities, the SOFA will be amended as necessary and appropriate.

**United States Bankruptcy Court**  
**Central District of California**

In re **Hoag Urgent Care - Orange, Inc.**Case No. **8:17-bk-13079**

Debtor(s)

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                     |
|---|---------------------|
| For legal services, I have agreed to accept .....           | \$ <b>16,666.67</b> |
| Prior to the filing of this statement I have received ..... | \$ <b>10,000.00</b> |
| Balance Due .....   | \$ <b>6,666.67</b>  |

2. The source of the compensation paid to me was:

Debtor       Other (specify): **Dr. Robert C. Amster (the balance due was paid post-petition from Dr. Robert C. Amster)**

3. The source of compensation to be paid to me is:

Debtor       Other (specify): **Estate funds on a moving forward basis.**

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 25, 2017

*Date*

/s/ Ashley M. McDow, Esq.

**Ashley M. McDow, Esq. 245114**

*Signature of Attorney*

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*Name of law firm*

|   |                    |
|---|--------------------|
| Attorney or Party Name, Address, Telephone & FAX Nos.,<br>State Bar No. & Email Address<br><b>Ashley M. McDow, Esq.</b><br><b>11601 Wilshire Boulevard, 14th Floor</b><br><b>Los Angeles, CA 90025</b><br><b>310.820.8800 Fax: 310.820.8859</b><br>California State Bar Number: 245114<br>amcdow@bakerlaw.com | FOR COURT USE ONLY |
| <input type="checkbox"/> <i>Debtor(s) appearing without an attorney</i><br><input checked="" type="checkbox"/> <i>Attorney for Debtor</i>   |                    |

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA**

|  |  |
|--|--|
| In re:<br><br><b>Hoag Urgent Care - Orange, Inc.</b> | CASE NO.: <b>8:17-bk-13079</b><br>CHAPTER: <b>11</b>   |
|  | <b>VERIFICATION OF MASTER<br/>MAILING LIST OF CREDITORS - FIRST AMENDED</b><br><br>[LBR 1007-1(a)] |
| Debtor(s).   |  |

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 22 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: August 25, 2017

/s/ Dr. Robert C. Amster  
Signature of Debtor 1

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Debtor 2 (joint debtor) ) (if applicable)

Date: August 25, 2017

/s/ Ashley M. McDow, Esq.  
Signature of Attorney for Debtor (if applicable)

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